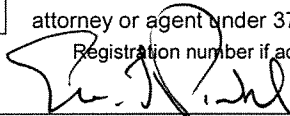


|   |            |  |             |
|---|------------|--|-------------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2009</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>   |            | Docket Number (Optional)<br>0112855.00124US2 |             |
| Application Number      10/783,518-Conf. #7157  |            | Filed      February 20, 2004                 |             |
| For      METHOD OF PRODUCING ALTERNATE UTTERANCE HYPOTHESES USING AUXILIARY<br>INFORMATION ON CLOSE COMPETITORS   |            |  |             |
| Art Unit      2626  |            | Examiner      D. Godbold                     |             |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |            |  |             |
|   | <u>Fee</u> | <u>Small Entity Fee</u>                      |             |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$130      | \$65   | \$ _____    |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$490      | \$245  | \$ _____    |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$1110     | \$555  | \$ 1,110.00 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1730     | \$865  | \$ _____    |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2350     | \$1175                                       | \$ _____    |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |            |  |             |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |            |  |             |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |            |  |             |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.   |            |  |             |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>08-0219</u> .   |            |  |             |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>   |            |  |             |
| I am the <input type="checkbox"/> applicant/inventor.   |            |  |             |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |            |  |             |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>32,590</u>  |            |  |             |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____  |            |  |             |
| <br>_____<br>Signature   |            | _____<br>Date                                |             |
| Eric L. Prah<br>_____<br>Typed or printed name  |            | (617) 526-6000<br>_____<br>Telephone Number  |             |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |            |  |             |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted.   |            |  |             |